Hoops 1@1

Murray City Recreation offers this introductory class to Basketball as part of the Learn-To-Play Sports program. This unique program will feature instruction emphasizing skill development set to the sport. Each week will include a skills clinic followed by a game. Teams will be formed each week from those in attendance. No score or standings will be kept. Each week participants will meet for one hour for a total of six weeks. A Parent is required to attend and participate to assist with

learning and positive reinforcement.

Ages: Boys and Girls K, 1st grade

Dates: Jan. 10-Feb. 14

Times: Saturdays 9am, 10 am, 11 am 12 pm

Location: Hillcrest Jr. High Back Gym Cost: \$30 Resident, \$35 Non resident

Register: Murray Parks & Recreation Dept. In Murray Park

Each class can take a maximum of 16 kids and a minimum of 10 kids. Registrations will be taken for each one-hour class session. You may only sign up for one class time. Additional session times will be added based on interest.

	ase return this form and the fees Recreation, PO Box 57520, Murr		
Name:	Home Phone:		
Address:	City:	State:	Zip:
Age: Gender: Birth date	: School:_		Grade:
Mother's Name:	Work	_ Cell Phone	
Father's Name:	Work	_ Cell Phone	
E-Mail:			
Registration \$30.00 Resident / \$35.00			
Saturday Times: 9:00 am10:00 am	11:00 am12	00 pm	
Does your child have any physical limitations	? No Yes if y	es, please explain_	
LIABILITY RELEASE AND PERMISSION TO PAR In consideration of the acceptance of my applicati for damages for death, personal injury, or property participation in said event. It is understood that so knowing those risks, I hereby assume those risks, risk is to be binding on my heirs and assigns. I has treat form and agree to all of their terms and cond	on for the above activity, I hereby damage which my child may had ome recreation activities involved It is further understood and agrave read and understood the forestood the forest fo	ive, or which may here an element of risk or d eed that this waiver, re	eafter accrue as a result of anger of accidents, and elease, and assumption of
Parent's Signature	Date		For Office use: Date Staff

Check

Cash

HOOPS 101

Name:	Home Phone:				
Address:	City:	State:	Zip:		
Age: Gender: Birth da	te: Sc	hool:	Grade:		
Mother's Name:	Work/Cell Phone				
Father's Name:	Work/Cell Phone				
E-Mail:					
Registration \$30.00 F	Resident / \$35.00 Non	resident			
Saturday Times:					
	9:00 am	11:0	00 am		
	10:00 am				
Does your child have any physical	limitations? No	Yes			
In consideration of the acceptance release, and discharge any and all damage which my child may have, said event. It is understood that so accidents, and knowing those risks agreed that this waiver, release, ar I have read and understood the for and agree to all of their terms and	claims for damages for which may hereafted be recreation activitions, I hereby assume the regoing registration, liant assumption of risk regoing registration, liant assumption assumption.	or death, persor er accrue as a r es involve an ele ose risks. It is fu is to be binding o	nal injury, or property esult of participation in ement of risk or danger of or understood and on my heirs and assigns.		
Parent/ Guardian Signature		ate			
Mail PO Bo Visit to To register Or	to the Parks & R OR to Murray Parks x 57520, Murray, OR he web: www.m n Line, please ph	& Recreation UT 84157-05 urray.utah.go	For Office Use Only Paid Date Check CC Cash OV 14 and ask		